



**The Affordable Comprehensive
Major Medical Coverage For Individuals**



**Blue Cross Blue Shield
of Florida**



DIMENSION III

OFFERS YOU NEW DIMENSIONS IN HEALTH CARE PROTECTION.

Being injured or ill without the proper health insurance protection can be financially devastating. So, to help you battle the high cost of medical and hospital bills, Blue Cross and Blue Shield of Florida has developed Dimension III.

PROTECTION



Waiting for illness to strike before you get protection can be disastrous. Get the protection you need, now, with Dimension III. It provides you with comprehensive health care protection against the costs of ordinary illnesses and injuries as well as a serious or prolonged catastrophic illness.

SERVICE



When every second counts, you can count on Dimension III. You'll receive the Blue Cross and Blue Shield ID Card which is recognized by hospitals and doctors throughout Florida and the United States. It's your key to fast payment of your health care bills.

COST



With today's burden of astronomical hospital and medical expenses, you can depend on Blue Cross and Blue Shield to help lighten the load. We've designed Dimension III so you can afford it, now. We believe no one else can provide you with the same benefits at the same low price. We invite you to find out for yourself.

MAXIMUM BENEFIT OF \$250,000

Each insured member has a Maximum Lifetime Benefit of \$250,000 (except for mental and nervous disorders, which have a maximum lifetime benefit of up to \$30,000).

HOW THE PROGRAM WORKS

To understand how the program works, you need to know two insurance terms.

I. DEDUCTIBLE

This is the amount of money you must pay before the program starts paying. The deductible for this program is \$500 per person per calendar year.

- Maximum of four deductibles per calendar year under a family contract.
- No deductible for accidental injury services when services are received within 90 days of accident.

II. COINSURANCE

This means you pay part and we pay part of the bill; under this program, we pay 80% and you pay 20% of the allowed charges. Outpatient mental and nervous services by a doctor are paid at 50%.

WHAT THE PROGRAM COVERS

The Blue Cross and Blue Shield Comprehensive Program Covers The Following Services At 80%:

I. HOSPITAL SERVICES

- Hospital room allowance up to \$120*
- Intensive care unit

Inpatient or Outpatient

- Hospital Operating and Recovery Room
- Emergency room
- Laboratory services
- Drugs, medicines and solutions
- Oxygen therapy

- Electrocardiograms and electroencephalograms
- Dressings and supplies
- Transfusion supplies and services (not including blood or blood plasma)
- Diathermy and physiotherapy
- Administration of anesthesia
- X-ray services
- Other medically necessary hospital services and supplies unless otherwise excluded

*You are responsible for the 20% coinsurance and anything in excess of the \$120 maximum daily room allowance.

II. PHYSICIAN BENEFITS

- Inpatient hospital medical visits
- Physician's visits outside of a hospital

Inpatient or Outpatient

- Surgical Procedures
- Consultations
- Surgical assistants
- Concurrent care
- Physician charges for X-ray, laboratory, pathology and radiation therapy

III. OTHER PROGRAM BENEFITS

Inpatient or Outpatient

- Physical therapy
- Anesthesia services
- Durable medical equipment, including prosthetic devices
- Drugs and medicines requiring a prescription
- Ambulance services
- Sterilization procedures

IV. ACCIDENT PROTECTION

- No deductible needed within 90 days of accident
- Benefits covered at 80%
- Includes necessary Dental Care and treatment received as a result of an accident

An optional Chiropractic Rider may be purchased to supplement this contract. There is an additional charge for this benefit. (See rate sheet)

MAXIMUM EXPENSE FEATURE

We will pay 100% of any additional allowed charges after an individual has paid \$5,000 in deductible and coinsurance amounts during a calendar year.

This feature applies to each individual covered under the family contract; however, individual amounts cannot be combined to satisfy the \$5,000 maximum.

USUAL, CUSTOMARY AND REASONABLE

The UCR Program is designed to pay a physician's bill as long as his charge for a covered service does not exceed the customary allowance by other physicians in the area or is reasonable in view of special circumstances of the particular case in question.

WAITING PERIODS AND LIMITATIONS FOR CERTAIN SERVICES:

- Removal of tonsils, adenoids, hemorrhoids and conditions of hernia (Rupture) are not covered for 180 days.
- Pre-existing conditions are NOT covered for 12 months.
- Skilled nursing services are excluded on an inpatient basis and limited to no more than 2 hours a day up to 60 days per calendar year on an outpatient basis.
- Mental and nervous services are limited to 30 inpatient days per calendar year and 30 outpatient services per calendar year.

SERVICES NOT COVERED

The following services and supplies are excluded from coverage:

- Surgery performed for cosmetic purposes (unless required to restore a normal bodily function which is a result of birth defects, accidental injury, disease, or covered surgery which occurred while this contract was in force).
- Services or supplies furnished to you without cost or in a Veterans facility or government hospital.
- Services or supplies in a convalescent or custodial facility, health resort, rest home, nursing home, sanitarium, or rehabilitation facility.
- Services or supplies for an injury or condition arising out of your EMPLOYMENT OR OCCUPATION unless they are not allowed by Workers' Compensation.
- Services or supplies covered under any programs or laws of the U.S. or any state or political subdivision, including programs such as Medicare, Medicaid or CHAMPUS.
- Services or supplies for any illness or injury sustained while in the military forces or as a result of war whether declared or undeclared.
- Services or supplies when you have been hospitalized primarily to control or change your environment unless medically necessary.
- Services or supplies when you have been hospitalized primarily for diagnostic purposes (unless medically necessary), for rest or rest cure, for observation or for rehabilitation.
- Blood or blood plasma.
- Services or supplies provided as a result of suicide or attempted suicide.
- Travel expenses, whether or not prescribed by a physician. This exclusion does not apply to medically necessary transportation of a newborn child.
- Eye refractions, eye exercises and related procedures; eyeglasses. (Post cataract operation spectacles or contact lenses and their subsequent replacement(s) due to change of prescription are covered).
- In-hospital skilled nursing services (private duty nursing services).
- Routine physical examinations.
- Hearing aids and examinations, or the prescriptions or fitting of these items.
- Services or supplies which are considered experimental or investigative.
- Dental care and treatment to the teeth and/or adjacent structure, unless as a result of an accident.
- Services rendered to you by an individual related to you by blood or marriage.
- Services received during a period of 12 months after the effective date of your coverage for a condition which manifested itself and for which you received medical advice, or treatment was received from or recommended by a physician within 12 months prior to the effective date of your contract.
- Rehabilitative services the purpose of which is to correct functional defects that

remain after a catastrophic illness or crippling injury, including drug addiction, alcoholism, pain control, or pulmonary or cardiac rehabilitation. ■ Medical treatment of obesity by exercise, dietary programs or environmental control. ■ Occupational therapy. ■ Medical Social Worker services. ■ Nutritional instruction and therapy. ■ Home health aids, domestic help, personal care services or sitters. ■ Reversal procedures of previous sterilization to allow fertilization. ■ Birth control pills, when used for contraceptive purposes, vitamins, mineral supplements, fluoride drugs or any drug that can be purchased without a prescription. ■ Diagnostic services performed by non-physicians. ■ Services or supplies not performed or prescribed by a physician as defined in your contract. ■ Supportive shoes or shoe orthotics. ■ Services or supplies not specifically listed in the Coverage Expenses Section of your contract. ■ Coverage duplicated by automobile insurance. ■ Services and supplies for surgery of sexual reassignment and complications of such treatment. ■ Complications of non-covered medical and/or surgical services. ■ Services and supplies for a subscriber who remains in a hospital after the attending physician advises that further hospital service is unnecessary. ■ Services and supplies which are not medically necessary for the diagnosis or treatment of illness, injury or bodily malfunction.* ■ Any condition of pregnancy except complications of pregnancy.

*The fact that a physician may prescribe, order, recommend, or approve a service or supply, does not, of itself, make it medically necessary or make the charge an allowable expense, even though it is not specifically listed as an exclusion.

WHO IS ELIGIBLE?

All Florida residents to age 65 are eligible to apply for the program.

Single persons should apply for a one-person contract.

Married persons should apply for a family contract which will provide each eligible family member with the same Blue Cross and Blue Shield of Florida benefits as you have. Members of your family who are eligible to be enrolled include your spouse and dependent children.

Under a family contract dependent unmarried children are covered to the end of the calendar year in which they reach age 19. If fulltime students at an accredited college or university, they receive coverage to the end of the calendar year in which age 23 is attained, if unmarried and fully dependent upon you for support and maintenance. Physically handicapped or mentally retarded children are covered regardless of age.

ABOUT YOUR COVERAGE

Your coverage becomes effective upon acceptance by the Blue Cross and Blue Shield of Florida and issuance of an identification card along with your "plain language" contract. You should carry your ID Card with you at all times.

RENEWABILITY

Your contract may be renewed for consecutive periods by payment of premiums.

Blue Cross and Blue Shield of Florida reserves the right to change the premium rate following a 30-day written notice. However, your premium will be changed only in the event you move to a higher age bracket, another area of the state, or a change is made for everyone in your age bracket and/or geographic area.

Blue Cross and Blue Shield of Florida reserves the right of cancellations following a 30-day written notice. However, such action will not be taken solely because of the amount of claims paid under your policy.

HOW TO FILE CLAIMS

When You Go to a Hospital or Doctor

Show your Blue Cross and Blue Shield identification card. If the hospital or doctor participates in the program, they will file the claim directly to us. All you need to do is sign the form. Most hospitals and doctors in Florida participate in the program.

We will send the payments directly to them and notify you how much we paid and when we paid it.

You Need to File a Claim

- If the hospital or doctor does not participate in the program.
- For other covered services such as prescription drugs, rental of durable equipment, prosthetic appliances and ambulance service.

How You File Claims




- Attach the bills or receipts for the service you received. The bills or receipts do not have to be paid in advance.
- Each bill or receipt must contain the name of the person or place providing the service, the name of the person who received the service, the date of the service, and a description of the service. Prescription drug receipts must contain the name of the issuing doctor, the name of the person to whom the drug was dispensed, the prescription number and the date the drug was dispensed.
- You need to complete a separate form for each member of the family filing a claim.
- When you file the claim, we send the payment directly to you.

OUR GUARANTEE TO YOU

If, after you receive your contract and ID cards, you are not satisfied with our program, let us know within 10 days and we will refund any premiums you have paid.

The complexity of benefits needed for today's health care makes it impossible to cover every detail of your program in this folder. You will receive a "plain language" contract outlining your benefits in detail if accepted for coverage.

YOUR BLUE CROSS AND BLUE SHIELD IDENTIFICATION CARD

		Blue Cross Blue Shield <small>of Florida</small>	
Subscriber's Name			
Contract Number			
Group Number			
Contract Benefits			
<div>RRBCSXBSMMRX</div>			

Florida's Number One Get-Well Card

TAKE A CLOSER LOOK AT OUR UNIQUE FEATURES.

We specialize in the health care business.

As a subscriber you have the assurance that our people and our programs are the best. You will receive quality health care protection when needed.

There's a local office near you — no matter where you are.

We have 16 offices located throughout Florida to provide the best service to you.

You'll get the best return on your investment.

Blue Cross and Blue Shield of Florida is a non-profit organization. On all our programs combined, we set aside approximately 90¢ of every premium dollar for payment of benefits and reserves.

You will be assured the money you pay for your health care program is carefully managed by us — with the best efficiency.

We're active in controlling health care costs.

Blue Cross and Blue Shield of Florida has begun many innovative programs directed toward keeping health care costs down. We're continuing to investigate and implement new programs that work. Join over 1 million Floridians who recognize value and are covered by Blue Cross and Blue Shield of Florida programs.

SERVICE OFFICES

532 Riverside Avenue
Jacksonville, Florida 32231

2233 N.W. 41st Street
Gainesville, Florida 32601

325 John Knox Road
Tallahassee, Florida 32303

800 North Reus Street
Pensacola, Florida 32501

3191 Maguire Blvd.
Orlando, Florida 32803

5600 Mariner Street
Tampa, Florida 33609

4400 South Florida Avenue
Lakeland, Florida 33803

2015 Siesta Drive
Sarasota, Florida 33579

701 94th Avenue North
St. Petersburg, Florida 33713

1851 Kenwood Lane
Ft. Myers, Florida 33907

6261 N.W. Sixth Way
Suite 100
Ft. Lauderdale, Florida 33309

2161 Palm Beach Lakes Blvd.
West Palm Beach, Florida 33409

8070 N.W. 53rd St.
Miami, Florida 33166

3220 South Federal Highway
Ft. Pierce, Florida 33450

9 Northeast Second St.
Ocala, Florida 32670

659 Jenks Avenue
Panama City, Florida 32401

Please consult your yellow pages for the telephone number of the office nearest you.

MONTHLY PREMIUM

Single _____

Family _____

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Blue Cross Blue Shield
of Florida

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